

Caroline Abbott

Town

County

Died at

near Whayland Wicomico

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1902 Oct 20

Age

54 5 20

cm D

House work

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

4

~~Husband~~

of

Wife

William Abbott

Father's

Name

John D. Malone

Mother's

Name

Elizabeth Malone

Cause of

Primary

Paralysis

Death

Immediate

How long sick

One week

Accident, Suicide, Homicide

Reported by

E. U. Benson

Address

Whayland

cm D



Name in Full

Certificate of Death

Frank Adkins

Town

County

Died at

MARYLAND

Date 189

Month

Day

Y.

M.

D.

Native of

Occupation

or Oct 11 21 3 72 Maryland Laborer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

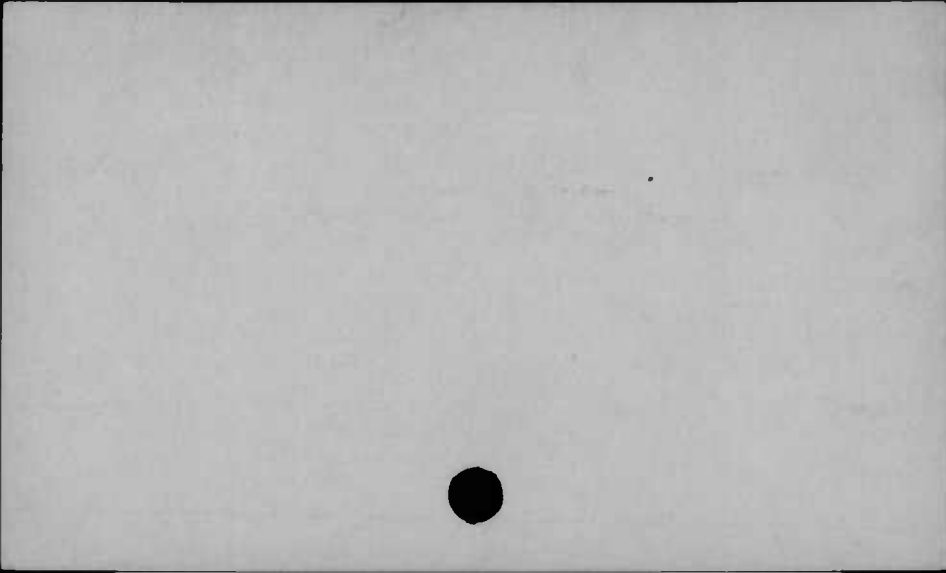
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, CECER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1902

Town

Salisbury

County

Wicomico

MARYLAND

Month

Oct

Day

12

Age

Years

Months

17

Days

26

Sex

Male

Color or
Race

Caucasian

Birth-
place

Maryland

Married, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
Name

Ermon Birckhead

Father's
BirthplaceMother's
Maiden Name

Eliza A Birckhead

Mother's
BirthplaceName of person giving
information

Ermon Birckhead

How related
to deceased

Father

CAUSES OF DEATH

Primary

Said to be

How long

8

Immediate

Whooping Cough

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Geo. C. Hill

No Dr. attended it

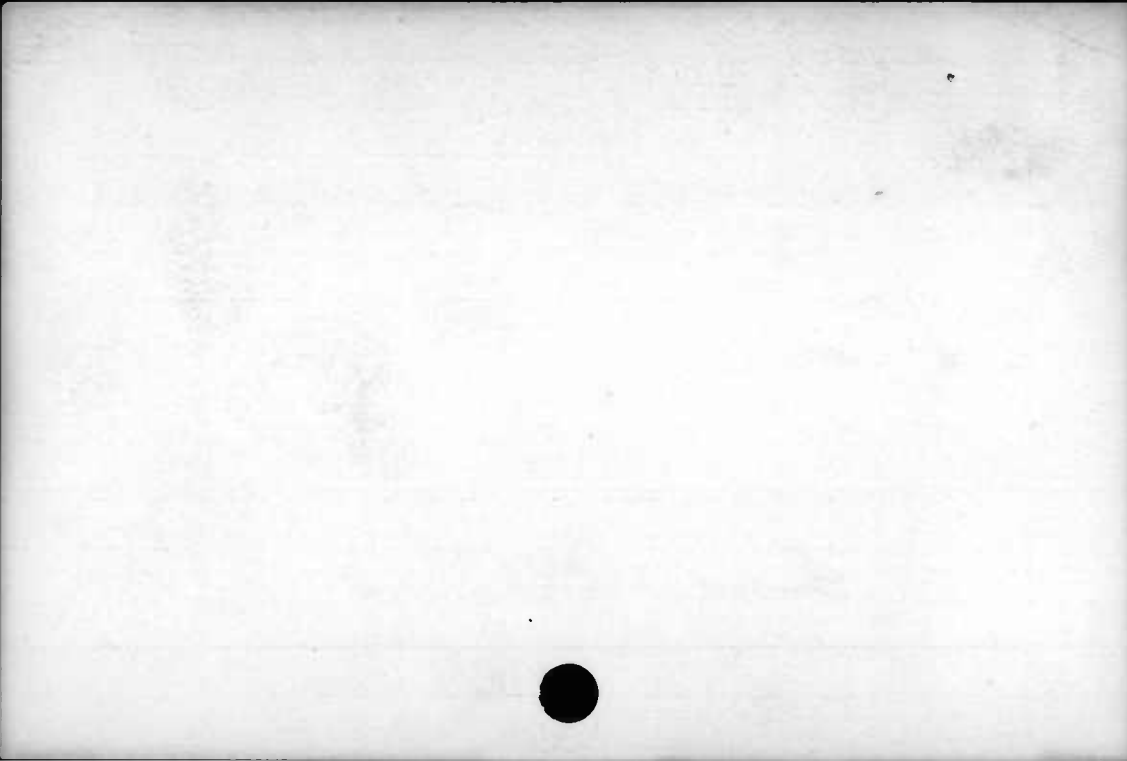
Address

Undertaker

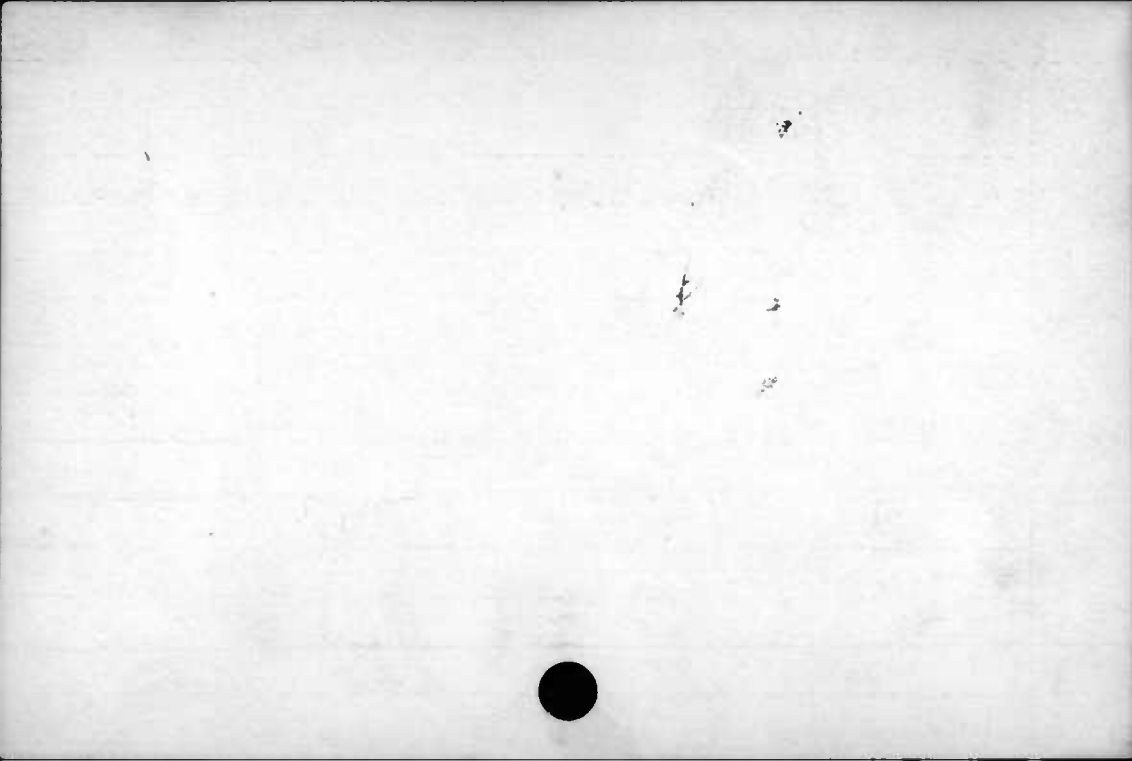
Accident or Suicide?

Salisbury Md. X

PHYSICIAN
OR CORONER



Name in Full		Frederick C. Brewington				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at Salisbury Town		Wiconico County		MARYLAND	
		Date of death 1902 Oct		Day 20		Age 10	
		Sex Male		Color or Race Colored		Birth-place Salisbury Md	
		Married, Single or Widowed		Occupation School Boy			
		Name of Wife or Husband					
		Father's Name Fred. C. Brewington		Father's Birthplace Salisbury Md			
		Mother's Maiden Name Mary Vincent		Mother's Birthplace Salis. Md			
Name of person giving information		Julia A. Brewington		How related to deceased		Step-mother	
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER		Primary Mucoid Abscess		How long 10 months			
		Immediate Meningitis 76		How long 1 week			
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo. W. Folt			
				Address Salisbury Md			
Accident or Suicide?							



John F. Collier

Town

County

Wicomico

MARYLAND

Died at

Quantico

Month

Day

Y.

M.

D.

Native of

Occupation

Date 189

1902

Oct

27

Age

89

Quantico

Carriage Maker

Male

yes

White

yes

Married

no

Widow

no

Divorced

no

Female

colored

Single

yes

Widower

yes

Number of children living

3

Husband

of

no one

Wife

Father's

Name

Marcus Collier

Mother's

Name

Don't know

Cause of

Primary

How long sick

Death

Immediate

old age

Accident, Suicide, Homicide

Reported by

Dr Dashiee

Address

Quantico Md

Name in Full:

Certificate of Death

Infant child
 Died at ^{town} *athel* ^{County} *Wicomico* MARYLAND

Date 189 *2* Month *oct* Day *4* Y. *—* M. *3* D. *—* Native of *—* Occupation *—*
~~Male~~ *White* ~~Married~~ *Widow* ~~Divorced~~
 Female ~~Colored~~ *Single* ~~Widower~~ Number of children living *—*

Husband of *—*
 Wife of *—*
 Father's Name *Thomas Donoho* Mother's Name *Fannie Donoho*

Cause of Death { Primary *General Debility* 151
 Immediate *151* How long sick *2 weeks*
 Accident, Suicide, Homicide

Reported by *A. J. Seabrook*
 Address *Mardela Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Sandy Tooke

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Age	Years	Months	Days
2		Oct	27	88			
Sex		Color or Race		Birth-place			
Male		Black		Md			
Married, Single or Widowed				Occupation			
				Laborer			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
Don't know				Don't know			
Mother's Maiden Name				Mother's Birthplace			
Don't know				Don't know			
Name of person giving information				How related to deceased			
Noah Wiles				Nephew			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Suppose Alcl age 154	
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	D E Hallaway & Co
	Address
	Salisbury Md - Gravel Pit
Accident or Suicide?	



Frederic Gale

Town

County

Died at

MARYLAND

Date 189

1902 October 3

Age

2

Native of

Quantico

Occupation

Male

30

White

Married

Widow

Divorced

Female

Colored

30

Single

30

Widower

Number of children living

Husband

of

Wife

Father's

Name

Frederic Gale

Mother's

Name

Briget Gale

Cause of

Primary

Fever from birth

How long sick

2 months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Susan Goslee

Town

County

Died at *Wheat Creek**McCombs*

MARYLAND

Date *1902* Month *Oct* Day *27* Y. *1* M. *—* D. *—* Native of *Quantico* Occupation *None*~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~Female *yes*Colored *yes*Single *yes*Widower *—*

Number of children living

Husband of

Wife *None*Father's Name *Don't know*Mother's Name *Susan Goslee*

Cause of Primary

How long sick

Death Immediate

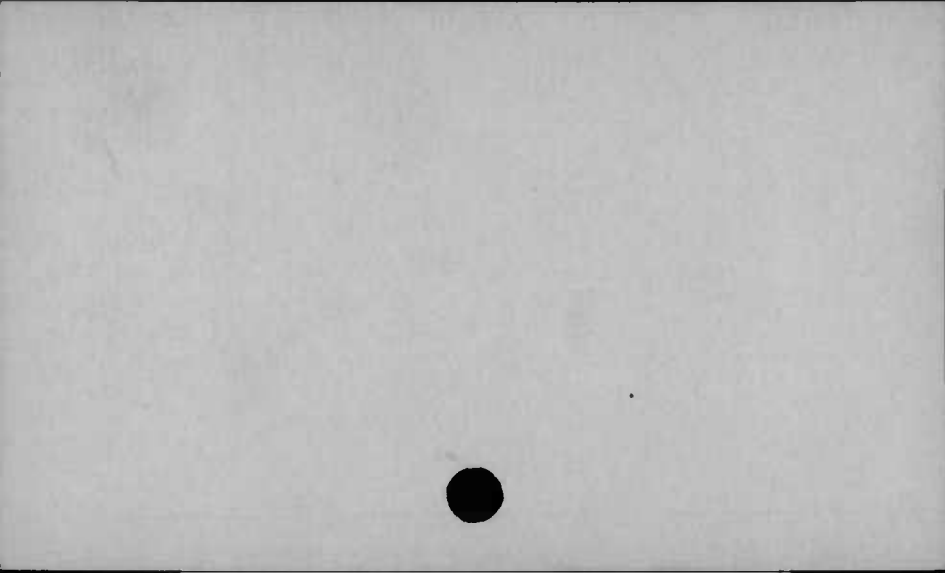
Typhoid Fever

Accident, Suicide, Homicide

Reported by *James M. Jones*Address *Quantico Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958



Name
in
Full

May E. Groves

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death 190	<i>2</i> Month	<i>Oct</i> Day	<i>13</i> Years	<i>32</i> Months	<i></i> Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Delaware</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>W. G. D. Groves</i>					
Father's Name <i>Wm. G. Brooks</i>			Father's Birthplace <i>Delaware</i>		
Mother's Maiden Name <i>Julia M. Brooks</i>			Mother's Birthplace <i>Delaware</i>		
Name of person giving information <i>W. G. D. Groves</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mitralis</i>	How long <i>3 weeks</i>
Immediate <i>Muralgia</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. M. Clemons</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Cornelia Guthrie

Died at ^{Town} Salisbury ^{County} Wicomico MARYLAND

Date 1902 ^{Month} Oct. ^{Day} 12 Age 32 ^{Y.} ^{M.} ^{D.} ^{Native of} Worcester Co ^{Occupation} Fed. - wh

~~Male~~ ^{White} ~~Married~~ ^{Widow} ~~Born~~ ^{Female} ~~Single~~ ^{Widow} Number of children living 7

~~Husband~~ of J. Wm Guthrie

Wife

Father's Name

Mother's Name

Maiden Name

Cause of { Primary Typhoid fever

Death { Immediate Exhaustion

How long sick 3 1/2 days

~~Accident, Suicide, Homicide~~

Reported by

Address

Salisbury, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *Mary Jane Handy*
 Died at *Mar Quantico* County *Wicomico* MARYLAND
 Date *1902* Month *Oct* Day *26* Y. *30* M. *0* D. *0* Native of *Quantico* Occupation *Wife*
 Male *Male* White *White* Married *Married* Widow *Widow* Divorced *Divorced*
 Female *Female* Colored *Colored* Single *Single* Widower *Widower* Number of children living *none*
 Husband of *John Handy*
 Wife of *John Handy*
 Father's Name *Steven Dashiell* Mother's Name *Nellie Dashiell*
 Cause of Death { Primary *Lungs* Immediate *Pulmonary Consumption* How long sick
 Reported by *Dr W. H. H. Dashiell* Accident, Suicide, Homicide
 Address *Quantico Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 165968



Name in Full

Certificate of Death

Castellus Huffington
 Town County

Died at

allan *MD*

MARYLAND

Date ~~189~~ *1902* Month *10* Day *18* Y. *—* M. *17* D. *—* Native of *MD* Occupation *—*
~~Male~~ *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widower~~ Number of children living *—*

Husband *—*Wife *—*

Father's

Name

E. P. Huffington

Mother's

Name

Ida Primm

Cause of

Primary

Incarceration

How long sick

Death

Immediate

151
~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

J. J. S. Long

Address

allan *MD* *X*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Years	Months	Days	
of death 190		2	Oct	27	0	0	
Sex		Male		Color or Race		White	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name		Whitefield D. Lowe		Father's Birthplace			
Mother's Maiden Name		Hettie Howard		Mother's Birthplace			
Name of person giving information				How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Address
Accident or Suicide?	



Name
in
Full

Henrietta Malone

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Oct</u>	Day <u>2nd</u>	Age <u>55</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Md</u>		
Married, Single <input checked="" type="checkbox"/> Widowed		Occupation <u>Housework</u>			
Name of Wife or Husband <u>Elton Malone (Dead)</u>					
Father's Name <u>Carlop Malone Disharoon</u>		Father's Birthplace <u>Md</u>			
Mother's Maiden Name <u>Elizabeth Malone Disharoon</u>		Mother's Birthplace <u>Md</u>			
Name of person giving information <u>Mrs James M Bozman</u>		How related to deceased <u>Daughter</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Cystitis</u>	How long <u>123</u>
Immediate <u>Measles</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Geo. H. Todd</u>
	Address <u>Salisbury Md</u>
Accident or Suicide?	



Name in Full		Jennette Munnell				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Salisbury</i>		Town		<i>Wisconsin</i>		County
	Date of death 190 <i>2</i>		Month <i>Oct</i>		Day <i>7</i>		Age
	Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Id.</i>		Months
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name <i>Alex. A. Munnell</i>					Father's Birthplace <i>Id.</i>	
	Mother's Maiden Name <i>Jennette White</i>					Mother's Birthplace <i>Id.</i>	
PHYSICIAN OR CORONER	Name of person giving information					How related to deceased	
	CAUSES OF DEATH						
	Primary <i>Gastro-Enteritis with Dysentery</i>					How long <i>several weeks</i>	
	Immediate <i>Insanitation</i>					How long <i>2 or 3 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>					Signature of Physician <i>F. M. Mennons M.D.</i>		
					Address <i>Salisbury Md.</i>		
Accident or Suicide?							



John L. Parsons

MARYLAND

Died at Salisbury Town Wicomico County

Date 1902 Oct 21 Month Oct Day 21 Age 44 Y. — M. — D. — Native of Ind Occupation Labour

Male White Married Widow Divorced —
 Female Colored Single Widower Number of children living

Husband of —
 Wife of —
 Father's Name Noah Parsons Mother's Maiden Name Mary Jane Blake

Cause of Death { Primary Typhoid Immediate " How long sick 4 weeks
 Accident, Suicide, Homicide —

Reported by Dr. W. Todd
 Address Salisbury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

William Phillips

Town

County

Died at Quantico, Wisconsin

MARYLAND

Date 1922 Oct 1st Age 26. — — Quantico Dist Farmer

Male White Married ~~Widow~~ ~~Divorced~~ Occupation

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Demacia Phillips

Wife

Father's Name Thomas Phillips

Mother's Name Sarah Phillips

long sick

Cause of Primary

Death Immediate

Typhoid Fever

Sent, Suicide, Homicide

OVER

Reported by Wm. H. H. Dashiell M.D.

OVER

Address Quantico Md

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____
of _____

Information contained in this certificate re-
ceived from _____
of _____

Name In Full

Certificate of Death

Lilian May Phillips

Town

County

Died at Quantico Wisconsin

MARYLAND

1902
Date 1902 Oct 3
Month Day Y. M. D.
Age 4
Native of Quantico
Occupation
Male White Married Widow Divorced
Female ~~Colored~~ Single Widower Number of children living

Husband
Wife

Father's Name Frederick Phillips
Mother's Name Sallie Phillips

Cause of Death Primary Immediate Spasms from jaundice
How long sick
Accident, Suicide, Homicide

Reported by Wm. H. H. Dashiell M.D.

Address Quantico Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name
• in
Full

Annie O V Ward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Salisbury</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death 190 <u>2</u>	<u>Oct</u> Month	<u>29</u> Day	Age <u>27</u> Years	Months	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Md</u>		
Married, Single or Widowed <u>Married</u>	Occupation <u>housework</u>				
Name of Wife or Husband <u>Addo R Ward</u>					
Father's Name <u>Henry Curtis</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Susan Horsey</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Addo R Ward</u>			How related to deceased <u>Husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Appendicitis</u> <u>118</u>	How long <u>3 days</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of <u>D C Hallaway & Co</u>
	Address <u>Salisbury Md</u>
	<u>Printed Name</u>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died $3\frac{1}{2}$ miles north of		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death 1902	Month <i>Oct</i>	Day <i>7</i>	Age	Years <i>85</i>	Months	Days	
Sex <i>male</i>	Color or Race <i>White</i>		Birth-place <i>Delaware</i>				
Married, Single Widowed			Occupation <i>Farmer</i>				
Name of Wife or Husband							
Father's Name <i>S West</i>				Father's Birthplace <i>Don't know</i>			
Mother's Maiden Name				Mother's Birthplace <i>Don't know</i>			
Name of person giving information <i>Thomas West</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Paralyzed on right side</i>	How long	<i>3 months</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L C Holloway & Co</i>	
<i>yes</i>		Address <i>Undertakers Salisbury, Md</i>	
Accident or Suicide?			

